



MHSPHP Metrics Forum

Breast, Cervical And Colorectal
Cancer Screening Metrics and Lists

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Patient Detail View

CLINICAL PREVENTIVE SERVICES				
	Last Exam	System	Source	Status
Breast Cancer				
Cervical Cancer	09/17/2008	DIRECT	CHCS PATH FILE	
Colorectal Cancer				
COLON	03/21/2002	DIRECT	OUTPAT	

HEDIS Benchmark Year – 2012

	Percentile				
	10th	25th	50th	75th	90th
Breast Cancer Screening	63.60	66.42	70.33	74.62	79.03
Cervical Cancer Screening	69.9	74.37	77.13	79.60	82.92
Colorectal Cancer Screening	49.88	55.99	63.29	68.86	73.72



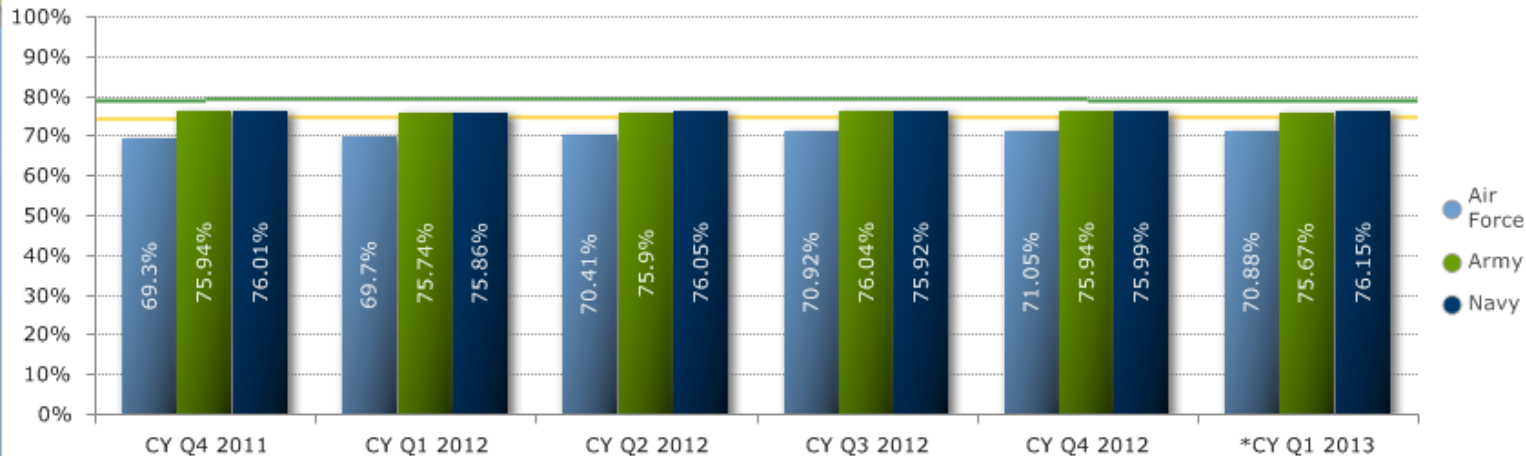
- Breast Cancer Screening
 - Clinical recommendations versus HEDIS
 - Metric versus Lists
- Cervical Cancer Screening
 - Clinical recommendations versus HEDIS
 - Metric versus lists
 - Hysterectomy exclusion
- Colorectal Cancer Screening
 - Clinical recommendations
 - Metric versus Lists



MHSPHP
Military Health Service
Public Health Program

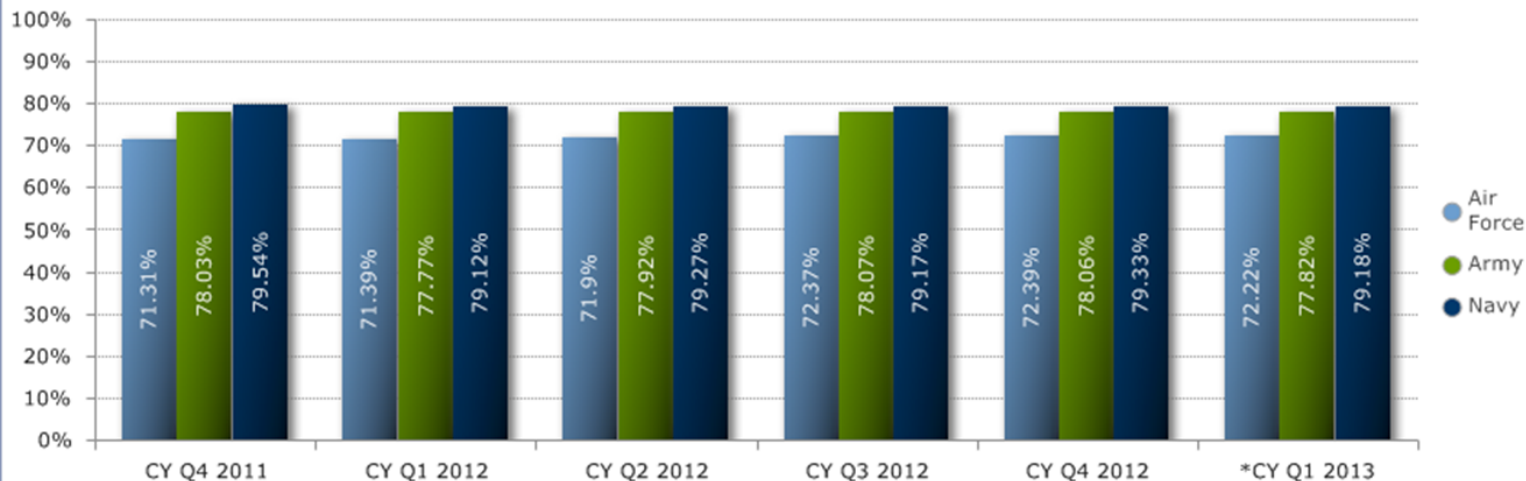
Breast Cancer Screening

All Services - Breast Cancer Screening - Total - HEDIS - (4/10/2013)



* Incomplete Quarter | 2011 Benchmarks: 90th - 78.7%, 75th - 74.2% | 2012 Benchmarks: 90th - 79.5%, 75th - 74.7% | 2013 Benchmarks: 90th - 79.0%, 75th - 74.6% | As of JAN 2012 data: Only TRICARE Prime Enrollees are included, and continuous enrollment requ...

All Services - Breast Cancer Screening - 52-69 - (4/10/2013)



* Incomplete Quarter | As of JAN 2012 data: Only TRICARE Prime Enrollees are included, and continuous enrollment requires 11 of 12 month

2011:
Included
Prime
and Plus;
continuous
enrollment
year=10
of 12
months

2012 and
2013:
Prime
only;
continuous
enrollment

Breast Cancer Screening: USPSTF Recommendations

- **The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.**
- **The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms.**
- **The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years or older.**
- **The USPSTF recommends against teaching breast self-examination (BSE).**
- **The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in women 40 years or older.**
- **<http://>**



- The percentage of women 42–69 years of age who had a mammogram to screen for breast cancer in the last 2 years.
- Continuous enrollment requirement: two years
- Codes to identify Mammography

CPT	HCPCS	ICD-9-CM Procedure	UB Revenue
77055-77057	G0202, G0204, G0206	87.36, 87.37	0401, 0403

Proposed 2014 Changes

- 2014 proposed changes: Only look at over 50 yr olds
- Also thinking about expanding look-back window to 30 months to avoid encouraging getting mammos before the 2yr point
- BUT, until these are official, MHSPHP must use the standardized HEDIS® specifications to compare to standardized metrics
- Clinically, follow your service's



- CPT codes in encounters and claims (direct care and purchased care)
- Mammography test types in CHCS radiology data file
- TSWF MHSPHP AIM form
- AHLTA Historical Procedures

- Any evidence of bilateral mastectomy
 - A bilateral mastectomy code.
 - A unilateral mastectomy code with a bilateral modifier.
 - Two unilateral mastectomy codes on different dates of service.
 - A unilateral mastectomy code with a right side modifier and a unilateral mastectomy code with a left

Description	CPT
Bilateral mastectomy	
Unilateral mastectomy	19180, 19200, 19220, 19240, 19303-19307
Bilateral modifier (a bilateral procedure performed during the same operative session)	50, 09950
Right side modifier	RT
Left side modifier	LT



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Military Health System Population Health Portal

Military specific ICD9 Diagnosis codes

- V45.71 3 Acquired absence of bilateral breasts
- V45.71 1 Acquired absence of left breast
- V45.71 2 Acquired absence of right breast
- Can be entered in any encounter to be captured in MHSPHP data for exclusion from HEDIS®.

Action List

- Women age 40-69
- Enrollment in current “As of date” month
- TRICARE Prime and Plus
- Updated monthly for who gets on list, and tests from purchased care claims, TSWF AIM form and Historical Procedures
- Updated nightly for mammograms

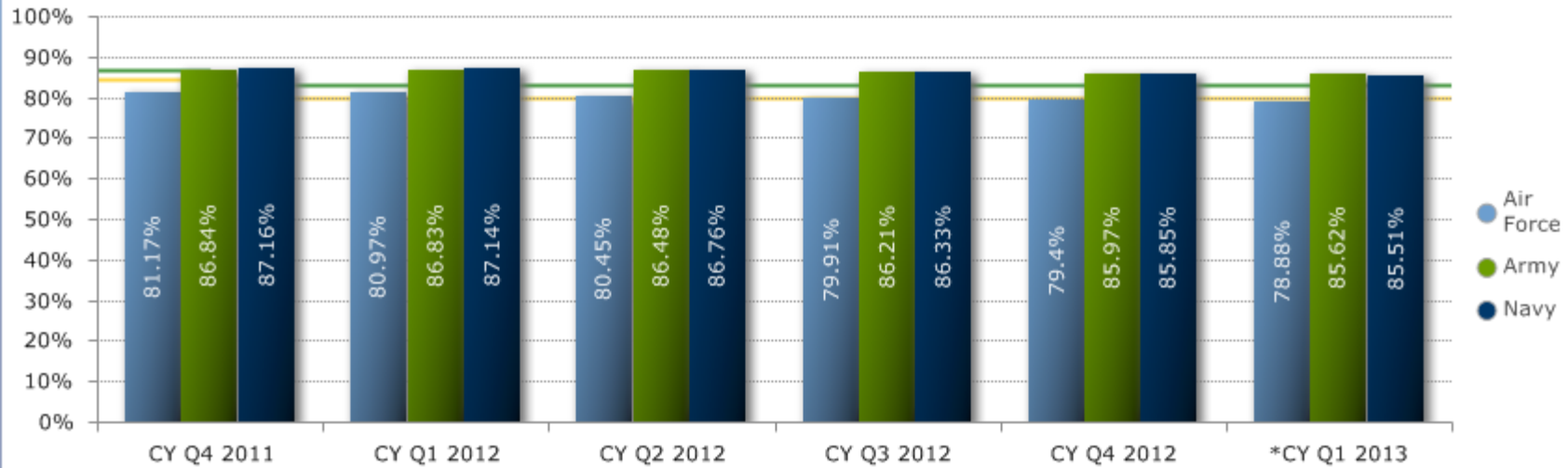
HEDIS Metric

- Women age 42-69
- Continuously enrolled for 2 years
- Tricare Prime Only
- Updated monthly from all sources for tests completed up through “As of date”



Cervical Cancer Screening

All Services - Cervical Cancer Screening - HEDIS - (4/10/2013)



* Incomplete Quarter | 2011 Benchmarks: 90th - 86.7%, 75th - 84.2% | 2012 Benchmarks: 90th - 83.2%, 75th - 79.6% | 2013 Benchmarks: 90th - 82.9%, 75th - 79.6% | As of JAN 2012 data: Only TRICARE Prime Enrollees are included, and continuous enrollment requ...

- 2011: Included Prime and Plus; continuous enrollment year=10 of 12 months
- 2012 and 2013: Prime only; continuous enrollment year=11 of 12 months



USPSTF Recommendations

- **The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.**
- **The USPSTF recommends against screening for cervical cancer in women younger than age 21 years. The USPSTF recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.**
- **The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous**



HEDIS® Definition

- The percentage of women 24–64 years of age who received one or more Pap tests to screen for cervical cancer in the last 3 yrs.
- Continuous enrollment criteria: continuously enrolled for last 3 yrs

CPT	HCPCS	ICD-9-CM Procedure
88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	91.46



- CPT codes in encounters and claims (direct care and purchased care)
- Pap smear tests in CHCS laboratory data file
- TSWF MHSPHP AIM form
- AHLTA Historical Procedures



MHS HEDIS
Military Health System Population Health Portal

MHS HEDIS® “optional” exclusions

- Women who had a hysterectomy with no residual cervix. Look as far back as possible in the member’s history for evidence of hysterectomy

Hysterectomy Codes

CPT Codes	ICD-9-CM Codes*	ICD-9-CM
51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135	<p>618.5, 752.43</p> <p>V Codes: V67.01, V76.47, V88.01, V88.03</p> <p>*In older records, exclusion codes must be documented in one of the first 4 diagnosis codes because the M2 professional outpatient encounter data (SADR) included only Diagnosis Codes 1-4. All CAPER sourced encounters in the last 5 years include Diagnosis Codes 1-10.</p> <p>V45.77 1 **</p> <p>**(Military specific code – Acquired absence of Uterus and Cervix. The V45.77 1 code has been replaced with V88.01. Patients previously coded with V45.77 1 will continue to be excluded.</p>	68.4-68.8



Hysterectomy Diagnosis Codes

- 618.5: Prolapse of vaginal vault after hysterectomy
- 752.43: Cervical agenesis
- V67.01: Follow-up vaginal pap smear (s/p hys for malignancy)
- V76.47: Follow-up vaginal pap smear (s/p hys for non-malignant condition)
- V88.01: Acquired absence of both cervix and uterus
- V88.03: Acquired absence of Cervix with uterus remaining



Hysterectomy Coding Problem

- Several Navy, Air Force and Army MTFs identified women who were not on their Cervical Cancer Screening Action list in the MHSPHP but had a cervix
- Research showed all the women had the diagnosis code V67.01 or V76.47 for vaginal pap after hysterectomy (VP)
- Researched all patients excluded from cervical cancer screening for these 2 codes alone (no other hysterectomy CPT or ICD9 code)
 - Discovered significant number of patients
 - Discovered most of these patients had some data indication that they still had cervix
 - One person recalls pre-AHLTA “bubble sheet

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How pervasive is this issue?

Branch	All hysterectomies	Vagpap only	Other hysterectomy	%vagpap only
NULL	86256	34500	51756	40%
A	59222	22100	37122	37%
F	50564	18535	32029	37%
N	30550	15636	14914	51%
TOTAL	226592	90771	135821	40%

Data counts all inpt/outpt, purchased/direct hysterectomy-coded encounters based on patient's enrollment site; many patients have multiple encounters with codes for hysterectomies. This is not a distinct patient count—however the vagpap only encounter patients had only encounter(s) for Vaginal Paps.

This also includes patients of all ages, not just in the HEDIS[®] range.



Details about VagPap Patients

Data displayed i
for distinct
hysterectomy
HEDIS excluded
patients with
only encounters
for VagPap
hysterectomies

Oct 2012
enrollment and
cervical cancer
screening data

Branch	pts with only Vagpap as Hysterecto my source	Sum of pts with Birthcontrol dispensed, Pregnancy encounter or HCG test* after the most recent VagPap date	Sum of pts with Birthcontrol dispensed, Pregnancy encounter or HCG test*, Pap test date** after the most recent VagPap date	% of VagPap only pts with Birthcontrol dispensed, Pregnancy encounter or HCG test* after the most recent VagPap date	% of VagPap only pts with Birthcontrol dispensed, Pregnancy encounter or HCG test*, Pap test date** after the most recent VagPap date
A	19681	13184	16875	67%	86%
F	15230	9098	12524	60%	82%
N	14021	9498	12446	68%	89%
NULL	32833	11163	22593	34%	69%
Total	81765	42943	64438	53%	79%

*counted HCG tests that were more than 7 days after the date of vagpap--to be conservative. If some way pt had vagpap on day of hys (that we didn't get the procedure code for) and it took 7 days for result. Only dropped one pt from a few MTFs

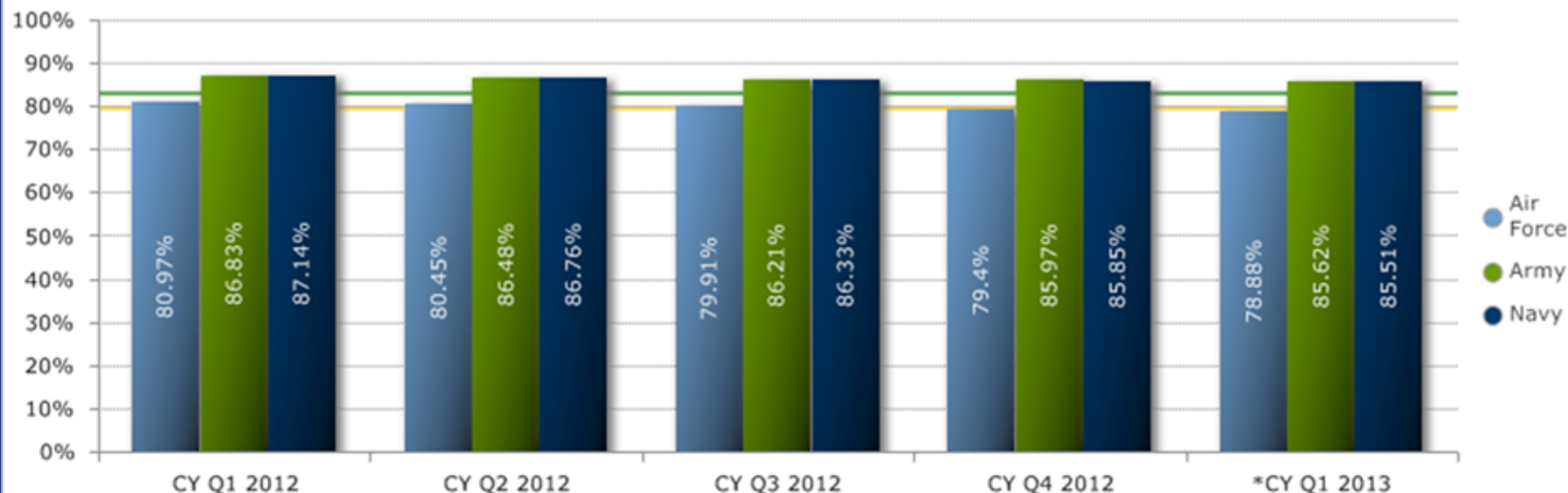
** Only counted Paps that occurred more than 30 days after the vagpap. Each vagpap ICD9 v-code encounter should includes procedure or lab test result that would meet the "pap" criteria. So had delay of 30days to allow for result.

*Birth
Control did
not include
Bilateral
Tubal
Ligations*

How current are these distinct patients by service?

All Distinct Vag Pap Patients				Distinct Patients with most recent vagpap > 3 yrs ago			
Branch	Current Pap	Total Vag Pap Distinct patients	% of Vag Pap Pts with current Pap	Branch	Current Pap	Total Vag Pap Distinct patients	% of Vag Pap Pts with current Pap
NULL	25439	34500	73.74%	NULL	16235	24819	65.41%
A	16707	22100	75.60%	A	13409	18640	71.94%
F	12086	18535	65.21%	F	9612	15872	60.56%
N	12222	15636	78.17%	N	10002	13314	75.12%
total	66454	90771	73.21%	Total	49258	72645	67.81%

All Services - Cervical Cancer Screening - HEDIS - (4/3/2013)



* Incomplete Quarter | 2012 Benchmarks: 90th - 83.2%, 75th - 79.6% | 2013 Benchmarks: 90th - 82.9%, 75th - 79.6% | As of JAN 2012 data: Only TRICARE Prime Enrollees are included, and continuous enrollment requires 11 of 12 month



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Summary of Vaginal Pap issue

- Biggest concern is these women do not receive same standard of proactive care as other women with a cervix. Consensus from MTF staff who are aware of the issue: please put these women back on the lists.
 - Even though it will most likely decrease HEDIS scores due to some of these women having hysterectomy and others overdue
 - For those women who did have hysterectomy, staff can enter v88.01 code in any encounter to permanently replace the hysterectomy exclusion and remove the patient from the list
- Recommendation: Remove the V67.01 and V76.47 from identifying hysterectomy patients for exclusion from the metrics and patient lists
- Average # of pts per DMIS ID = 137 median = 84



Metrics and List Differences

Action List

- Women age 21-64
- Enrollment in current “As of date” month
- TRICARE Prime and Plus
- Updated monthly for who gets on list, and tests from purchased care claims, TSWF AIM form and Historical Procedures
- Updated nightly for mammograms

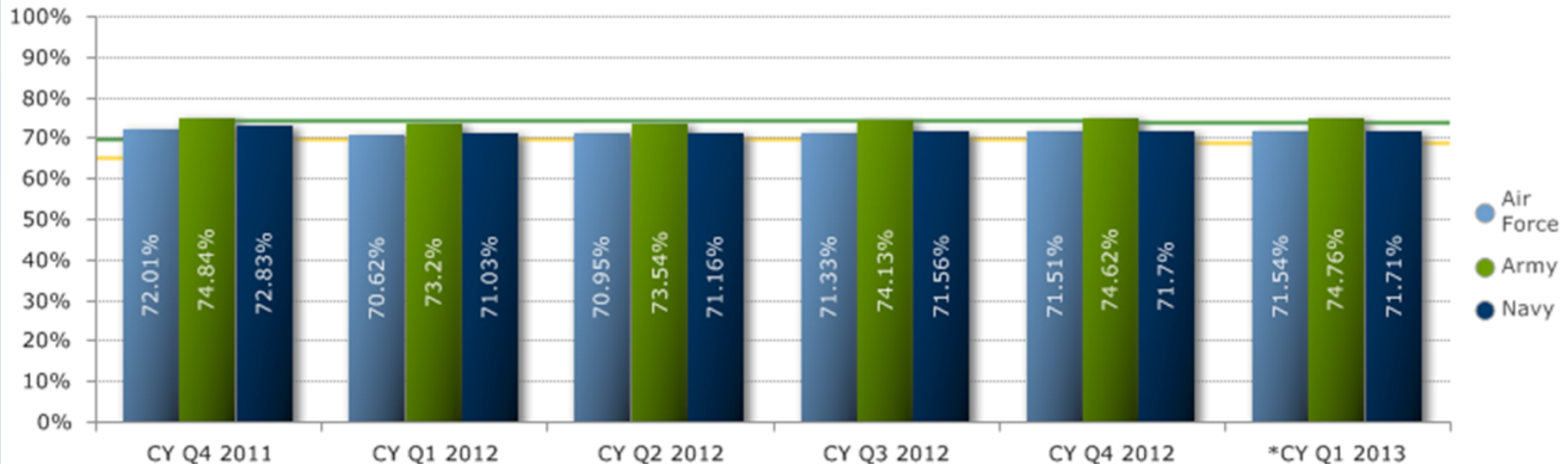
HEDIS Metric

- Women age 24-64
- Continuously enrolled for 3 years
- Tricare Prime Only
- Updated monthly from all sources for tests completed up through “As of date”



Colorectal Cancer Screening

All Services - Colorectal Cancer Screening - HEDIS - (4/10/2013)



* Incomplete Quarter | 2011 Benchmarks: 90th - 69.6%, 75th - 65.0% | 2012 Benchmarks: 90th - 74.2%, 75th - 69.8% | 2013 Benchmarks: 90th - 73.7%, 75th - 68.9% | As of JAN 2012 data: Only TRICARE Prime Enrollees are included, and continuous enrollment requ...

- 2011: included Prime and Plus; continuous enrollment year=10 of 12 months; and included an ICD9 V76.51 as completed test that most used to order colonoscopy
- 2012 and 2013: Prime only; continuous enrollment year=11 of 12 months; dropped ICD9 V76.51



Colorectal Cancer Screening: USPSTF Recommendations

- **The USPSTF recommends screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.**
- **The USPSTF recommends against routine screening for colorectal cancer in adults age 76 to 85 years. There may be considerations that support colorectal cancer screening in an individual patient.**
- **The USPSTF recommends against screening for colorectal cancer in adults older than age 85 years.**



Considerations for Practice When Evidence Is Insufficient

CT Colonography

Potential Preventable Burden

A screening program that incorporates the option of CT colonography could help reduce colorectal cancer mortality in the population if patients who would otherwise refuse screening found it an acceptable alternative.

Potential Harms

The potential harms from evaluation of incidental findings found with CT colonography may be large. The lifetime cumulative radiation risk from use of CT colonography to screen for colorectal cancer should be considered, as well as the growing cumulative radiation exposure from the use of other kinds of diagnostic and screening that involve radiation exposure.

Current Practice

Computed tomographic colonography performed by trained and experienced radiographers may not be currently available in many parts of the United States.

Costs

Patient time and burden to participate in colorectal cancer screening using test strategies that require bowel preparation are substantial. A CT colonography screening strategy that did not involve bowel preparation would decrease the burden of adherence. The cost of CT colonography is high.



- The percentage of adults 51-75 who had appropriate screening for colorectal cancer.
- Continuous enrollment requirement: two years
- Appropriate screening:
 - Colonoscopy within 10 yrs
 - Flexible Sigmoidoscopy within 5 yrs
 - Fecal Occult Blood Test within 1yr
(assume that the required number of ²⁹
samples was returned)



Colon Cancer Screening Codes

Description	CPT Codes	HCPCS	ICD-9-CM Procedure
FOBT	82270, 82274	G0328	
Flexible Sigmoidoscopy	45330- 45335, 45337- 45342, 45345	G0104	45.24
Colonoscopy	44388- 44394, 44397, 45355, 45378	G0105, G0121	45.22, 45.23, 45.25, 45.42, 45.43



- CPT codes in encounters and claims (direct care and purchased care)
 - Inpatient coding data from SIDR included
- FOBT test types in CHCS clinical lab and microbiology data
- TSWF MHSPHP AIM form
- AHLTA Historical Procedures

- Members with a diagnosis of colorectal cancer or total colectomy.

Description	CPT Codes	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure
Colorectal Cancer		G0213- G0215, G0231	153, 154.0, 154.1, 197.5, V10.05	
Total Colectomy	44150- 44153, 44155- 44158, 44210- 44212			45.8

Action List

- Adults age 50 and older
- Enrollment in current “As of date” month
- TRICARE Prime and Plus
- Updated monthly for who gets on list, and tests from purchased care claims, TSWF AIM form and Historical Procedures
- Updated nightly for

HEDIS Metric

- Adults 52-75
- Continuously enrolled for 2 years
- Tricare Prime Only
- Updated monthly from all sources for tests completed up through “As of date”



MHSPHP

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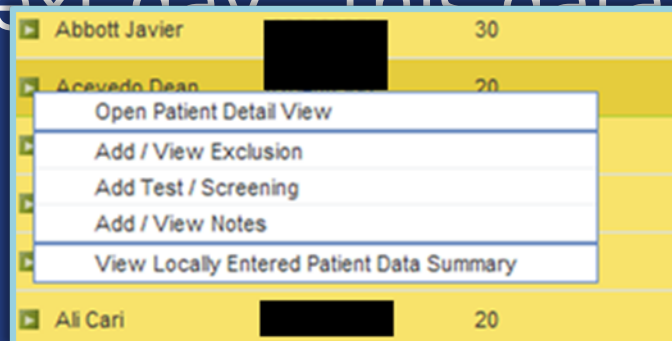
CANCER SCREENING TIPS



- Use form to capture test dates for tests performed in purchased care that are not displayed in the MHSPHP
 - OHI covers all prevention tests, so there is no copay to be captured in our claims data
- Follow directions on Powerpoint to load form into your favorites so you receive automated updates of form

What about Locally entered tests in the MHSPHP?

- Still available, but should be second choice
- AIM form data only updated on list monthly
 - Hopeful in future we can update every week or two based on when we receive AHLTA data
- If you want a current patient list, then ALSO enter the test into the MHSPHP—it should display the next day. This data source only impacts the patient list, not HEDIS®






Find all MTF entered results

- Use column filter on each list
- Type MTF in source
- Click green funnel--select starts



Group	Last Exam Date	System	Source
			MTF
	09/08/2011	OTHER	MTF ENTERED

- Clear Filter
- Contains
- Does Not Contain
- Starts With
- Ends With
- Equal To
- Not Equal To
- Greater Than
- Less Than
- Greater Than or Equal To
- Less Than or Equal To
- Is Between
- Is Not Between
- Is Empty
- Is Not Empty
- Is Null
- Is Not Null

MHSPHP Exclusions

- Exclusion means patient does not need same standard of proactive care as everyone else on the list
- Patient remains on list but shaded with  icon in status
 - Can choose to hide or display excluded patients
- Excluded patients remain in HEDIS ®—cannot alter HEDIS® criteria
 - Removed from medical home metric if a HEDIS ® pt
- Exclusions impact metric when date entered matches “data current as of”
- Exclusions are attached to patient : stay with pt after PCS
 - Do not exclude patients just because they PCS
- Exclusions other than death are measure specific
- Exclusions other than death expire after one year

Locally Entered Exclusions Options


LOCALLY ENTERED EXCLUSIONS


ABBOTT JAVIER

Reason	Measure	Comment
No Exclusions for this Enrollee		

Exclusion

Reason:

Date of Death:

Comments:

Patient is deceased

Patient is deceased

Patient has been miscoded


Measure is inappropriate clinically

Chronic refusal

Patient exclusively uses other health insurance for care

Source:

Death Certificate



Save

New

Close

Where can I get provider level metrics?

HEDIS ® Metrics are not currently available at the provider level

- Monthly provider “HEDIS®-like” metrics are available in the PPM of Carepoint Healthcare Suite
 - Based on action list counts limited to HEDIS® age range
- Daily action list counts available on MHSPHP Overview Page by DMIS, Provider Group and

ACTION LIST COUNTS				
All Patients: 12291				
		Completed	Due	Overdue
–	<u>Breast Cancer Screening</u>	1504	14	253
	Women 42-51	580	10	105
	Women 52-69	814	3	108
	<u>Cervical Cancer Screening</u>	2526	20	503
+	<u>Chlamydia Screening</u>	110	1	31
	<u>Colon Cancer Screening</u>	1639	4	602
–	<u>Diabetes Screening</u>			
	A1C	401	5	14
	LDL	395	6	20

New Carepoint 3G Appointment Widget

Facility: **0073 - KEESLER AFB - 81st MED GRP-KEESLER**

Scheduled Appts: | Start Date: | End Date:

Change page: | Displaying page 1 of 2, items 1 to 100 of 195

Change page: | Page size:

Data Avail	PCM Continuity	Overdue Due	Notes	Patient Name	Appt Date ▲	Appt Time	Appt Type	Appt Provider	Provider Group	Reason for Appt
				HARDY,FOREST	2/11/2013	08:20	WELL	LEWIS,LARRY	GYN	annual exam
				SOEMISCH,ANN	2/11/2013	10:59	T-CON	LEWIS,LARRY	GYN	
				WADDELL,JONATHON I	2/11/2013	12:00	ACUT	BROCK,STEVE	PEDIATRICS RESOURCE SHARING	COUGH/WHEEZE
				KLEMM,ELIZABETH	2/11/2013	09:15	EST	ADAMS,SCOTT	OB CLINIC	EDD 17APR05
				DOUSSAN,CHRIS	2/11/2013	12:59	T-CON	LUTSI,LARRY	INT MED RED TEAM	
				MITCHELL,DORIS	2/11/2013	13:35	ROUT	UMAKANTHA,HAROLD	FAM MED BLUE	possible strep
				WILLIAMS,JAMES	2/11/2013	08:50	ACUT	UMAKANTHA,HAROLD	FAM MED BLUE	sinus/headaches/stuffy nose
				JACKSON,ANN	2/11/2013	16:43	T-CON	HANN,LARRY	INT MED WHITE	
				NAWROCKI,JANE	2/11/2013	10:30	EST	KENNEY,MARK	INT MED BLUE	REFERRALS
				CASTOR,JENNIFER	2/11/2013	11:30	EST	RIGGS,GLEN	INT MED RED TEAM	
				HICKS,BRIAN	2/11/2013	12:41	T-CON	BORRA,JACK	INT MED BLUE	
				CUEVAS,DEMI	2/11/2013	15:40	ACUT	MILLER,GLEN	FAM MED RED	BAD COLD
				COHEN,LANIE	2/11/2013	07:14	T-CON	MILLER,GLEN	FAM MED RED	
				HOOPLE,LANIE	2/11/2013	08:30	ACUT	EASLEY,MARK	FAM MED BLUE	COLD SYMTPOMS
				MYER,LANIE	2/11/2013	10:35	ACUT	EASLEY,MARK	FAM MED BLUE	new pt. needs rheum consult (has civ. prov)







For all slides, data is identifier masked demo data—this is not real patient data.



Overdue Due

Data Avail	PCM Continuity	Overdue Due	Notes	Patient Name	Appt Date	Appt Time	Appt Type	Appt Provider	Provider Group	Reason for Appt	Canceled
								MITCHELL,JACK	EMERGENCY SERVICES		
								MITCHELL,JACK	EMERGENCY SERVICES		
								MITCHELL,JACK	EMERGENCY SERVICES		
								THAXTON,ELLIOT	EMERGENCY SERVICES		
								BARBIER,STEVE	IBWA CLINIC 0073		F
								MITCHELL,JACK	EMERGENCY SERVICES		
								MITCHELL,JACK	EMERGENCY SERVICES		
								BYRNES,SCOTT	EMERGENCY SERVICES		
								WEILAND,LARRY	EMERGENCY SERVICES		
								MITCHELL,JACK	EMERGENCY SERVICES		
								THAXTON,ELLIOT	EMERGENCY SERVICES		
								MAGEE,MARK	EMERGENCY SERVICES		
								RABENSTEIN,MARK	PEDS RED		
				SACCO,JANE	3/13/2013	18:10	EROOM	BYRNES,SCOTT	EMERGENCY SERVICES		

Column Headers

Data Avail	PCM Continuity	Overdue Due	Notes	Patient Name	Appt Date ▲	Appt Time	Appt Type	Appt Provider	Provider Group	Reason for Appt
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				HARDY,FOREST	2/11/2013	08:20	WELL	LEWIS,LARRY	GYN	annual exam
				SOEMISCH,ANN	2/11/2013	10:59	T-CON	LEWIS,LARRY	GYN	
				WADDELL,JONATHON I	2/11/2013	12:00	ACUT	BROCK,STEVE	PEDIATRICS RESOURCE SHARING	COUGH/WHEEZE

Canceled	PCM Name	Note Details	ACG RUB	ACG IBI	ACG Date	DOB	Age	Age In Months	BenCat
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OZAETA,STEVE		No Data	No Data		4/4/1943	69	838	
	BATEMAN,GLEN		No Data	No Data		2/7/1971	42	504	
	WRIGHT,HEATH		No Data	No Data		7/14/2002	10	127	ADFMLY

BenCat	Overdue	Due	DMIS	EDIPN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mammo		0073	1145993039
			0073	1047351860
ADFMLY			0073	1257425742



Top HEDIS ® Rates on all based on Breast Cancer Screening

BRANCH	DMIS Name	Mammo Eligible	Mammo HEDIS rate	Mammo Eligible 52TO69	mammo over 52 rate	Pap Eligible	Pap HEDIS rate	COLON ELIGIBLE	colon HEDIS rate
A	WILLIAM BEAUMONT AMC-FT. BLISS	2795	87.76%	1880	87.61%	2159	80.45%	3985	69.99%
A	R W BLISS AHC-FT. HUACHUCA	1445	85.61%	809	86.53%	2222	86.54%	1825	76.44%
N	TRICARE OUTPATIENT-CHULA VISTA	3033	84.08%	1834	85.99%	3448	86.92%	3949	72.78%
N	NH PENSACOLA	3315	83.80%	1855	85.55%	3764	87.17%	4136	78.09%
N	NBHC NAVSTA SEWELLS	438	83.79%	143	86.71%	2372	94.48%	537	79.33%
A	OZARK MEDICAL HOME-LEONRD WOOD	221	83.71%	54	88.89%	949	87.99%	118	83.05%
N	NMC SAN DIEGO	867	83.39%	540	84.63%	1477	87.41%	1206	75.62%
A	BLANCHFIELD ACH-FT. CAMPBELL	2503	82.50%	1208	86.34%	4797	84.74%	2745	79.74%
N	NAVAL HEALTH CLINIC CHARLESTON	1015	81.87%	586	82.94%	1890	83.65%	1369	77.28%
N	NBHC GULFPORT	165	81.21%	41	80.49%	729	84.77%	105	72.38%
N	TRICARE OUTPATIENT CHESAPEAKE	1748	80.84%	814	82.56%	2942	83.14%	1766	79.05%
A	KILLEEN MEDICAL HOME-HOOD	297	80.81%	32	84.38%	1477	89.37%	49	79.59%
A	KIMBROUGH AMB CAR CEN-FT MEADE	2353	80.49%	1014	82.25%	4162	87.03%	2518	68.63%
A	AHC MCAFEE-WHITE SANDS MSL RAN	123	80.49%	68	77.94%	267	89.89%	161	70.81%
N	TRICARE OUTPATIENT CL VA BEACH	1592	80.46%	761	83.05%	3222	84.36%	1671	76.30%
A	MENDOZA SOLDIER FAMILY CC	778	80.46%	97	81.44%	4250	91.91%	243	78.60%
A	MONCRIEF ACH-FT. JACKSON	2888	80.02%	1678	80.75%	3714	84.14%	3644	80.24%
F	59th MED WING-LACKLAND	6540	79.88%	3837	81.00%	9854	78.46%	8445	75.83%
F	81st MED GRP-KEESLER	3244	79.87%	1858	79.17%	4011	72.70%	4102	69.48%
A	TMC MED EXAM-FT. BLISS	528	79.73%	80	82.50%	2761	90.69%	220	72.27%
A	KIRK AHC-ABERDEEN PRVNG GD	1078	79.68%	459	80.39%	1349	85.47%	1218	72.41%
N	NH CAMP LEJEUNE	1432	79.61%	769	81.66%	3530	80.06%	1756	72.84%
N	NH LEMOORE	835	79.40%	424	82.78%	1619	85.92%	964	70.95%
A	EVANS ACH-FT. CARSON	3050	79.38%	1624	82.33%	5745	85.34%	3669	80.57%
F	96th MED GRP-EGLIN	4426	79.12%	2361	82.25%	6294	76.96%	5599	73.82%
A	SCHOFIELD BARRACKS AHC	722	79.09%	192	85.94%	3300	89.55%	426	72.77%
A	REYNOLDS ACH-FT. SILL	1963	79.06%	1062	82.11%	3150	85.40%	2390	75.36%



RW Bliss Army Health Center

RW Bliss Army Health Center Population Health Team



**“We Call Because We Care...
And
Because We Care... We Call Again”**

2013 Health Screening and Education Focus

Breast Cancer... Cervical Cancer... Colon Cancer... Chlamydia... Diabetes Control... Asthma Control



Population Health Team 520.533.9168



RW Bliss Army Health Center

Fort Huachuca Arizona

Ten Steps Towards Excellence

Step 1... Command Emphasis

Step 2... The TEAM

Step 3... Patient Centered Care

Step 4... Value/Standard Driven

Step 5... Ownership

Step 6... No Missed Opportunities

Step 7... Accountability

Step 8... Inside the Box

Step 9... Outside the Box

Step 10... Compassionate



RW Bliss Army Health Center

Step 1... Command Emphasis

**EXCOM/RWBACH
Team**

Gold Standard

**All Staff Expected to...
Learn...Understand...
Reflect Philosophy**



RWBAHC Philosophy

Mandatory Daily HEDIS Brief to Command Suite...

- ✓ **Department Chiefs, Clinic Leads, and Subject Matter Experts**
- ✓ **Intense dialogue regarding short/long term goals for each**



RW Bliss Army Health Center

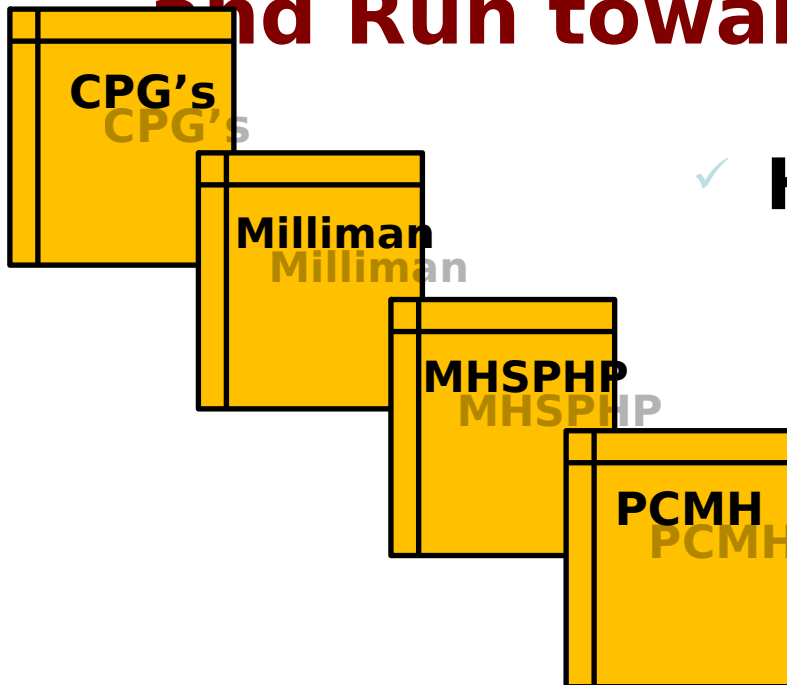
Step 2... The TEAM

*** Teams Have a Better Chance of Winning if All Members Use the Same Play Book**

and Run towards the same Goal *

HEDIS Team Members

- ✓ **Health Center Commander**
- ✓ **Department Chiefs**
- ✓ **Clinic Leads**
- ✓ **Nursing**
- Every Soldier and Civilian**





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Step 3... Patient Centered

~ Without THEM we have No One to Serve ~

✓ Wellness Rx... Starts at Check-in... follows the patient thru visit nice reminder to staff to address any due/overdue measures

OR

✓ Appointment list can be scrubbed by a staff member the day prior... annotated on Wellness Rx... and presented to Teams at morning Huddle

Wellness Rx

Name: _____
DOB: _____ PCM: _____
Please contact the nurse/clinician prior to departing today for the following:
Colorectal Cancer Screening-50 and >
Enter into CHCS (Choose one):
[] "Occult Blood" x3, Pick up at LAB (Annually)
[] Gastroenterology Referral for
[] Flex Sig (every 5yrs)
[] Colonoscopy (every 10 yrs)
Diabetic Screening- Annually:
Enter into CHCS (Fasting Labs)
[] HgA1C, Lipid Panel, CBC, CMP, Albumin/ Creatinine PHL
Available Diabetic Consults:
[] Optometry: Retinal Eye Exam
[] Nutritional
[] Podiatry
[] Pharmacy Med Review (Window #4)
[] One-on-One Education (533-9168)
Pneumococcal Screening-Every 5 yrs:
[] Take shot records to Immunizations for Pneumovax ® (No appointment required)
Asthma Screening- Annually:
Schedule follow-up with PCM for:
[] Asthma Control
Chlamydia Screening- Annually:
[] Chlamydia Screening with PCM
Cervical Cancer Screening - at least every 3 yrs:
[] Well Woman Exam (Pap Smear) with PCM
Breast Cancer Screening - at least every 2 yrs:
[] Schedule Mammogram at Radiology (533.2555)

Wellness Rx

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DOB: _____ PCM: _____
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Diabetic Screening- Annually:

Enter into CHCS: (Fasting Labs)

- ☐ HgA1C, Lipid Panel, CBC, CMP, Albumin/ Creatinine PNL

Available Diabetic Consults:

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Step 4... Value and Standard Driven

Command Emphasis on Excellence... Proficiency...

- **Staff expected Commitment... and Compassion**
 - ✓ to align actions in support of RWBAHC Mission and
 - ✓ Vision to adhere to MEDDAC Values and Standard
 - ✓ to strive for excellence in their area of expertise



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Step 5... Ownership

Never Ever “Not my Patient”

~ Monthly Action List ~

Owned by all...Divided by Provider...Managed by Teams

✓ **All Nursing and Supervisory staff have access to MHSPHP**

✓ **Diabetes List Monitored and Managed Daily**

✓ **Innovative ideas and suggestions encouraged for Process Improvement Projects... On the Spot**



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Step 6... No Missed Opportunities... ~ Sometimes you get

- Be prepared... **only one shot ~**
 - ✓ If you succeed in reaching a patient by phone... make sure to address all applicable HEDIS measures

Step 7... Accountability

- Monthly Chart Audits...
 - ✓ help reveal any missed opportunities with the patient during their clinic visit...
 - ✓ Staff member expected to call patient and rectify matter
- Daily accountability report: # of calls, bookings,



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Step 8... Think... Inside the Box

Past Methods... 1 Team Member

- ✓ **Action List Scrubbed... Distributed to Providers**
- ✓ **Daily calls**
- ✓ **Audio Calls**
- ✓ **Mailers**
- ✓ **Health Fairs**
- ✓ **Displays**
- ✓ **Pharmacy process for capturing diabetics**
- ✓ **In Processing Awareness**
- ✓ **Monthly Birthday Card with Reminder**
- ✓ **Monthly Diabetes Group Class**
- ✓ **Diabetes and FOBT Order Set with reminder mailer sent out bi-annually**



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✓ **Action List monitored at Optometry and Laboratory**

Step 9...

Outside the Box

~ Process Improvement ~

- **New Methods Added... Team RWBAHC**

- ✓ Call Center Team... 8 hours per day
- ✓ No patient turned away... for any reason

After Hours Calls

✓ Weekend Call Schedule

✓ Increased Mail Outreach

✓ Diabetes Case Manager

✓ Behavior Modification Consult with Social Worker

✓ 2 Month Lookout... Call before become Due

✓ Laboratory screens at check-in to ensure capture of all diabetics

✓ Diabetic Standing Orders at Lab

✓ Maximum Command Suite Participation

✓ **Increased availability of ALL Services**

✓ **Wellness Rx**

✓ **FOBT Mail Kits**

✓ **TriCare for Life**

✓ **Medication Review**

Welcomed Back

Program



RW Bliss Army Health Center

Step 10... Compassionate Service

~ A Refusal from a patient can be
misunderstood ~

Maybe they need...

- ✓ ...after hours/weekend access due to work schedule
- ✓ ...education on importance of tests or procedures
- ✓ ...us to alleviate any fears or misconceptions regarding tests or procedures
- ✓ ...a periodic mailer with information and a gentle reminder
- ✓ ...a Birthday Card with reminder
- ✓ ...to know that we really do care about their



MHSPHP

Military Health System Population Health Portal

- Questions?